



# Cross Currents

VOLUME 3, NO. 1

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Cross Currents is published bi-monthly by and for the employees of Blue Cross and Blue Shield of Alabama, an Equal Opportunity Employer. Address inquiries and comments to: Cross Currents, 930 20th Street South, Birmingham, Alabama 35298.

## EDITOR

Nancy Ervin



**Blue Cross  
Blue Shield**  
of Alabama

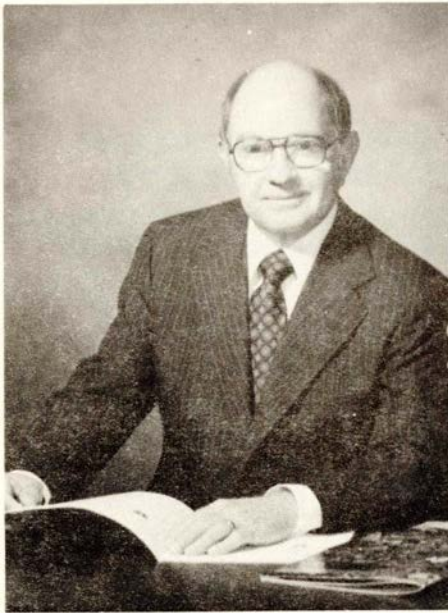
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Blue Cross and Blue Shield of Alabama does hereby state and reaffirm its policy of compliance with its obligations as a contractor in various federal governmental programs, and hereby affirms its endorsement of the spirit and letter of Presidential Order 11246, the Rehabilitation Act of 1973, Public Law 92-112, and regulations promulgated thereunder; that Blue Cross and Blue Shield of Alabama, as an employer, will adhere to such Orders in recruiting, hiring, training, and promotion in all job categories without regard to race, color, religion, sex, age or national origin, accelerating efforts to employ, upgrade, and/or promote qualified and qualifiable minorities, females and persons certified as "handicapped".

Printed by Blue Cross and Blue Shield of Alabama Print Shop



## From The President's Desk

Unlike other businesses that deal with a specific, visible product, Blue Cross and Blue Shield of Alabama offers one item: service.

Subscribers pay for health care services in advance. Ironically, they pay for these benefits with the hope that they will not have to use them; no one wants to be ill.

When people do have to use our services, they are often in an anxious state of mind about their health or the health of someone very close to them. And when they contact us about benefits or submit a claim, they expect efficiency, courtesy and understanding, prompt attention to their needs and clear, correct explanations.

We should never reach the stage where we are fully satisfied with our level of service to our subscribers and providers. These questions should always be asked:

- What extra step can I take to resolve someone's question, complaint or problem?
- Am I following procedures that convenience my department first and the subscriber or provider last?
- Is my area cooperating fully with other departments and divisions in delivering service?
- If I were on the "outside looking in," what would I expect from Blue Cross and Blue Shield of Alabama?

Each job within our organization is essential and important. From the keypunch operator who is careful when recording subscriber information, to the claims processor who tackles the difficult claims without putting them aside until later, every employee plays a vital role in the total picture of service presented to the public.

Subscribers and providers naturally expect service from their Blue Cross and Blue Shield Plan. Nearly every piece of paper in our offices represents a human being with a problem... someone who wants us to do a good job of administering the benefits he has paid for over a period of time.

To serve or not to serve? Was there ever really any question?

William E. Miller, Jr.  
President  
Blue Cross and Blue Shield of Alabama





## *notes from Nancy*

With the New Year upon us, we traditionally turn to thoughts of new beginnings. With the beginning of today, yesterday becomes a thing of the past. All the events that were crowded into those twenty-four hours are history, only a memory. Not one moment can be recalled, not one word may be taken back. They are gone forever. But as we carry on today, yesterday can and should be of great help to every one of us.

Also in keeping with the thought of new beginnings is our custom of making New Year's resolutions. For those still seeking some at this late date, perhaps the following will help.

Be strong; be so strong that nothing can disturb your peace of mind.

Talk health, happiness, prosperity to every person you meet.

Make all your friends feel that there is something special about them.

Look at the sunny side of things and make your optimism come through.

Think only of the best, work only for the best and expect only the best.

Be as enthusiastic about the success of others as you are about your own.

Forget the mistakes of the past and press on to achievements of the future.

Give so much time to the improvement of yourself that you have no time to criticize others.

Be too large for worry, too noble for anger, too happy to admit the presence of trouble, and too strong for fear.

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## Prospective medicine: a new approach

A patient's survival odds are now being predicted through a comparatively new system known as prospective medicine. While the system still has many imperfections, it is an interesting approach to the treatment of patients.

Prospective medicine first emerged as a clinical discipline about fifteen years ago. It was initiated in the U.S. Public Health Service and was seen at that time as a weapon in the fight against cancer.

Basically, prospective medicine focuses on the realization that all of us have a say — through what we choose to eat, drink, smoke or, in general, how we treat our bodies — in how long we are going to live and how much we are going to pay for our needed health care. The prospective approach uses a health hazard appraisal to assess the risks of

disease and death based on each patient's personal habits. Once these risks have been assessed, a plan is established for altering these habits to maximize life expectancy.

Prospective medicine has been explained as differing from standard medicine in three respects. It is continuous instead of episodic. It is comprehensive, not subdivided into areas of medical specialty. And it is initiated before, not after, the onset of disease.

The health hazard appraisal works by identifying average risks based on mortality statistics. For example, according to the Geller Mortality Tables, traffic accidents are the number one killer of white males in their thirties. In a group of 100,000 white males, age 30-34, we

can expect 376 fatal auto accidents over the next ten years. The number 376 expresses the average risk of death.

The appraisal also measures the quantity of each patient's risks. Therefore, the patient who drinks heavily is five times more likely to die in an auto accident than a non-drinker. Smoking, over-eating and lack of exercise are all characteristics which increase the average risk of death.

Once the mortality risk has been established, based on average and individual risks, the physician and patient can work together to improve the patient's survival odds.

It will be interesting to watch the development of the prospective medicine system. Hopefully, it will serve as an added incentive for us to improve our health habits.

# news briefs

## Dental coverage announced

William E. Miller, Jr., President, recently announced the establishment of dental expense coverage for all employees of Blue Cross and Blue Shield of Alabama, which became effective January 1, 1977. The program will be provided at no expense to the employee after six months of employment. Upon becoming eligible for coverage, employees may also enroll their eligible dependents for coverage and the Company will pay twenty-five percent of the dependent premium cost.

All full-time active employees who are less than 65 years of age are eligible for coverage under this plan. Payment for covered dental expenses is made at 100 percent of the Usual, Customary and Reasonable (URC) fee.

We would like to thank and express our appreciation to all those responsible for this latest addition to our health care benefits.

## GALA provides new group life program

Blue Cross and Blue Shield of Alabama is proud to announce that our group life insurance program is now written through our own new life insurance agency, Greater Alabama Life Agency, Inc. This change became effective December 1, 1976. Our new group program is being underwritten by the Standard of America Life Insurance Company.

Complete summary descriptions of the new group life insurance program will be provided to each employee.

In a continuing effort to improve our employee benefits, Blue Cross and Blue Shield of Alabama is proud to make this new and improved program of benefits available.

## McNerney elected to Institute of Medicine Council

BCA President Walter J. McNerney has been elected to a three-year term on the governing council of the Institute of Medicine. McNerney was one of seven new members from the U.S. and Canada elected to the 21-member council. The Institute was created in 1970 as a branch of the National Academy of Sciences to enlist leading members of medical and other professions in the study of policies and problems that affect public health. Principal support for the Institute comes from the Academy and philanthropic foundations.

## Birth rise predicted

An end to the sharp decline in recent years of the nation's birth rate has been predicted by two California demographers.

According to a report published in "Science", Dr. June Sklar of the University of California and Beth Berkov of the State Health Department base their prediction on several indices:

- Girls born during the peak baby boom of the mid and late fifties will be entering the childbearing age in the next decade.
- Large numbers of childless women now in their twenties are telling the Census Bureau they still intend to have children.
- Evidence that abortion has had only a small effect on the number of births.

The researchers said they could not project how large the increase would be. "But even a small rise would have huge implications in terms of housing, education and other services," they said.

## Sweet dreams

If you are like most people, you dream during about 20 per cent of your total sleep time, roughly four years of your life. You usually dream four or five times each night with about 90 minutes between each dream.

When you first go to sleep, you dream for short periods of time, usually about 10 minutes. But as the night wears on, so do your dreams, lasting from 30 to 45 minutes just before you wake up.

## Life span may change for working women

A Pennsylvania State University sociologist says the large scale influx of women into the labor market may wipe out advantages in longevity they now hold in comparison with men.

The "Chicago Daily News" reported that Edna Raphael says white women live about 7.3 years longer than white men and black women live 7.9 years longer than black men. In the past this difference has sometimes been attributed to "biological superiority," she said.

However, this may be shown to be false, Raphael said, and may well be that the reasons for the differences are men's greater exposure to occupational health hazards. At one time, she noted, women's life span was less than men's and this generated the term the "weaker sex."

## Talking books

If someone you know has trouble reading newspapers, magazines and books because of poor eyesight, remind him or her that many popular publications come in large-print editions.

Also available are many "talking (tape-recorded) books."

For more information, write to the National Association for the Visually Handicapped, 305 E. 24th St., N.Y., N.Y. 10010.



**"All of us helping each of us"**

# **Highlights of winter Marketing Conference**

by Melissa F. Brisendine/Marketing

Not even snow could dampen the enthusiasm of the 1977 Winter Marketing Conference, although it did cause a postponement of one week. Marketing Representatives and staff from across the state gathered on January 26 and 27 at the Kahler Plaza for the annual Winter Conference. Dick Jones, Director of Marketing, directed the sessions, which centered around the theme "All of Us Helping Each of Us".

In keeping with the theme, speakers provided relevant, up-to-date information on current Blue Cross and Blue Shield practices and problems. E. Gene Thrasher, Assistant Vice President, Marketing, addressed the topic of National Health Insurance and how it will affect Blue Cross and Blue Shield. Jerry Dummier, Vice President, Internal Affairs, presented a most informative discussion of the structure and organization of Internal Affairs. Everyone gained a renewed appreciation of the complexities involved in that area and the improvements that are constantly being implemented.

Another session featured Chuck Carlin, Senior Systems Analyst, in a presentation about Computer Fundamentals. Although the presentation compacted a regular six hour presentation into two hours, the basic information provided an insight into this aspect of our business.

Workshop sessions gave Marketing Representatives and staff an opportunity for discussion of the Greater Alabama Life Agency (led by Stan Adams), National Accounts (led by Charles Guthrie), Underwriting and Rating (led by Dan Westfall and Carl Caudle), Marketing Information System (led by Craig Gardner), Dental (led by Jim Brown), and Marketing (led by Dick Jones). A special thanks goes

to Dan and Carl and the members of our Marketing staff for providing the workshops.

As always, the highlight of the conference was the announcement of the winners of the Annual Production Awards. Hugh Fuller, District Manager for the Mobile District, earned First Place among the District Managers for Overall Marketing Results. The Mobile District has won this award the past two years, and was the only district to exceed its quota in 1976.

First Place in New Group Production went to Anthony Tombrello, Marketing Representative in the Birmingham District. Ron Scott, also of the Birmingham District, earned Second Place and Third Place was awarded to James (Vic) Vickery, Mobile District.

In New Application Production, Bill Birmingham, Mobile District, won the First Place award. Unfortunately, Bill could not be on hand for the awarding due to illness, and Hugh Fuller, Mobile District Manager, accepted the award in Bill's behalf. Bill's presence was greatly missed during the entire conference. Other New Application Production Awards went to Omar King, Birmingham District, receiving Second Place, and Robert Williams, Huntsville District, receiving Third Place.

There was a tie for First Place in Merit Group Production. Robert Williams, Huntsville, and Bill Birmingham, Mobile, were responsible for seven merit-rated groups each, and therefore tied for the award in this category.

The awards reflect the outstanding job performed by all of our Marketing Representatives during the year. By "all of us helping each of us," we can continue to play our part in insuring that Blue Cross and Blue Shield continues to provide the best health care benefits available.

# Studies project NHI costs



Payroll taxes would be collected in a method similar to Social Security. The Rand - Tufts study said that a family that makes \$3,000 would pay \$210, one that earns \$9,000 would pay \$610 and a family earning \$15,000 would pay \$970. Families with incomes between \$30,000 and \$50,000 would pay \$1,060 under the payroll tax method of financing.

Under the premium method, every family would pay \$850, regardless of income.

How do the individual national health insurance proposals compare in costs? A study conducted for HEW by Gordon Trapnell Consulting Actuaries, finds the American Hospital Association's bill most expensive and the Long-Ribicoff "catastrophic" plan the least expensive.

The study analyzes the NHI plans in terms of total cost, cost to the federal government and additional costs resulting from the introduction of the plan. It assumes introduction in 1977 with complete implementation by 1980. Estimates are provided in 1980 dollars based on the Council of Economic Advisers' assumption of a 5.2 per cent annual rate of inflation.

National health insurance would cost between \$560 and \$970 annually for a family earning \$15,000 a year, according to one of two recently completed studies designed to give federal policy makers an insight into the economic impact of the possible enactment of NHI.

The Rand Corporation of Tufts University Medical School found in a study, which was based on an imaginary NHI program similar to three proposals in the last session of Congress, that the NHI price tag would be much higher for the wealthy and much lower for the poor. The study described three ways of paying for the insurance: income taxes and premiums.

If financing were through income taxes, there would be a 28 per cent increase in personal and corporate income taxes, according to the study. A family earning \$3,000 a year would pay nothing. Taxes for a family that earned \$9,000 would increase by \$260 and for one that made \$15,000, by \$560. A family earning \$30,000 would pay \$1,910 more in taxes and one earning \$50,000 would pay \$4,330 more.

Without national health insurance, the Trapnell report says, health costs are expected to reach \$223.5 billion in 1980. Federal spending would be \$59.3 billion.

The report's findings on the NHI plans are:

—The Long-Ribicoff plan to cover catastrophic health costs is the least expensive of all proposals and would increase total health care costs by \$9.8 billion (4.4 per cent) over what they would be with no NHI to about \$233.3 billion, of which \$74.9 billion would come from the federal government. Additional medical services would account for \$3.6 billion of the increase and federalization of Medicaid for about \$2.2 billion.

—The Comprehensive Health Insurance Plan (CHIP) first introduced by the Nixon Administration would require employers to purchase insurance for employees. This plan would add \$11.3 billion (5 per cent) for a total health bill of \$234.8 billion with the government paying \$68.7 billion. About \$6 billion of the increase would go for additional services.

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## CAT scanners

# Medical breakthrough at what cost?

Computerized axial tomography. The term suggests machinery from "Star Trek" but the public probably knows it better by its less formal name, CAT scan.

Most cats will cost you just a few dollars, or a few hundred at the most. But the new CAT scanner now on the market carries a price tag of from \$400,000 to more than \$600,000. A relatively new diagnostic technique, the CAT scanner is an ultra-sophisticated X-ray machine that is revolutionizing the diagnosis of brain and other internal disorders. However, the proliferation of the expensive machines also represents a case study in how technological advances can push up the cost of health care.

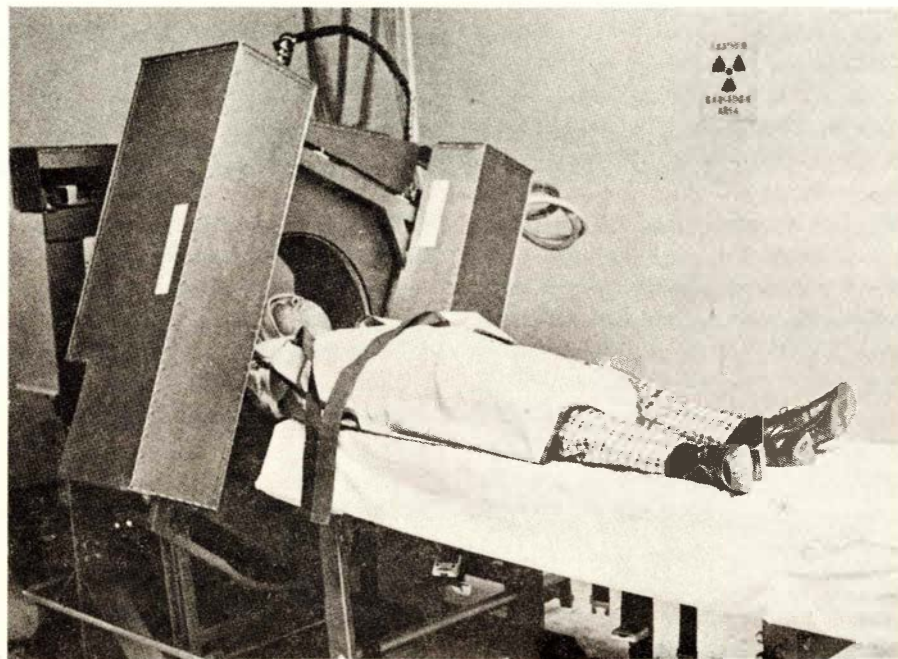
CAT scanners take cross-sectional pictures of internal body structures. This new type of X-ray allows physicians to pinpoint abnormalities that previously were shadowy or even invisible, such as tumors, hemorrhages and even atrophy (wasting away of tissues). CAT scans have gained favor in the medical community because the pictures are usually very clear and give the physician the closest thing to a view inside the body or brain. Conventional frontal X-rays show overlapped structures often blurred.

### How the CAT revolutionized diagnosis

Before the development of the CAT scanner, examinations for many conditions frequently required dye or air injections, surgical procedures and costly hospitalization. Now, patients often may be examined on an out-patient basis. And the error rate for

diagnosis of brain disorders is much lower—3.5%—according to radiologists at the Mayo Clinic, where a brain scanner was first introduced in this country.

The X-ray beam in a CAT machine rotates around the part of the body scanned. As the X-ray particles are absorbed in the detector, information about absorption differences is



A body scanner is shown in use at the Georgetown University Hospital.

### How does CAT work?

A CAT machine sends a narrow X-ray beam through a cross-sectional layer of the body or brain. The X-ray particles which emerge are absorbed in a detector on the other side. Differences in the amount of absorption indicate differences in tissue density. That is important because any tumors or other abnormalities will have densities different from surrounding normal tissue.

transmitted into a computer. The computer then makes thousands of calculations based on the information and displays a "reconstructed" cross-sectional picture or slice of the body organ on a TV-type screen. After the physician looks at four to twelve pictures or slices, he or she interprets the information and attempts to make a clinical diagnosis.



## What are the costs involved?

Add to the initial purchase price the annual operating expenses and you have a very expensive piece of equipment. Depending on the frequency of its use, the yearly maintenance ranges from \$126,000 to \$209,000. Just one brain scanner, operating eight hours a day, five days a week, can handle more than 2,000 patients annually at a cost to the patient of \$200 to \$300 for each procedure performed, according to the Office of Technology Assessment, a Congressional research agency. Therefore, twenty scanners operating on this schedule could produce total charges of over \$8-\$12 million each year.

## Are there disadvantages to CAT?

There is considerable controversy about CAT. The Health Research Group, a Washington-based organization, agrees with radiologists that CAT scanning images are superior to conventional X-rays; however, it questions the cost benefit ratio. "We are saying it has good potentials, but before hospitals rush into buying CAT scanners, someone should do studies first to see what the real benefits are and how many machines are needed," said Dr. Sidney M. Wolfe, director of the group.

Like any new diagnostic device, the CAT scanner has created a great demand throughout the country. Medical officials and local health planners fear that there soon may be an over-supply of these costly machines. And health planners also fear that underutilized scanners will push up the cost of each

procedure even higher. At the same time, they say, too many scanners being used to capacity could mean the performance of too many unnecessary and expensive scans.

## BCA urges controls

The Blue Cross Association has begun addressing some of the critical questions related to the financing of the costly brain/body scanners.

BCA is encouraging member Plans to: work with health care providers and health planning agencies to ensure conservatism in health planning criteria and decisions regarding the need for CAT scanners; work with providers and health planning agencies to promote institutional sharing of scanning facilities; work with providers, PSROs and other organizations to develop and periodically update effective utilization review criteria for scanning; link (where possible) payments for scanning to health planning approval; and consider how the Plans' diagnostic benefits could be used to discourage unnecessary duplication or inappropriate use of new technology like CAT scanners. Only through careful planning can we avoid an over-supply of important but expensive machines like the CAT scanner.

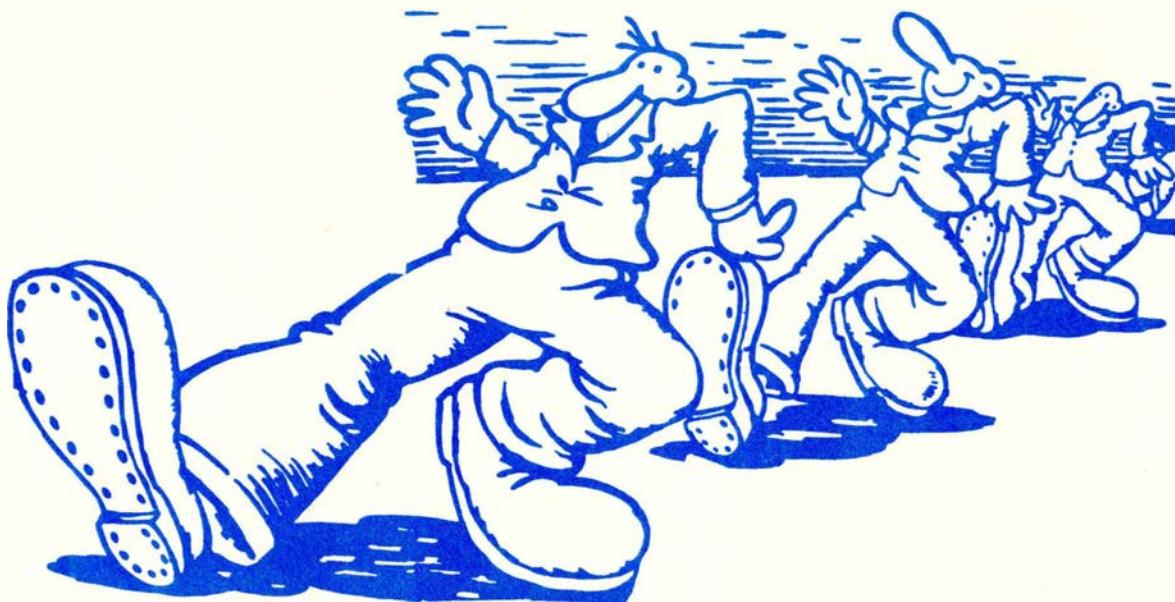
## Studies project NHI costs

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—The total cost of the AMA's plan would be \$243.8 billion with \$82 billion paid for by the federal government. This is an addition of \$20.3 billion or 9.1 per cent of which \$9.2 billion is for new services.

—The Kennedy-Corman Health Security Bill would cost \$248.3 billion with the government picking up \$189.4 billion of this. Of the \$24.8 billion (11.1 per cent) increase, some \$21 billion is for additional services.

—The AHA plan is the most expensive proposal; it would cost \$248.6 billion. The government would pay \$95.8 billion for an increase of \$25.1 billion or 11.2 per cent. Additional services account for \$15.3 billion of the increase.



**1. Do you look at people critically, "sizing them up" at first glance?**

People shy away from those who they feel are mentally appraising them. It is better to accept people and let their actions speak for them, rather than being guided by first impressions.

**2. Do you try to tell your co-workers how they should do their job?**

No one is less appreciated than the know-it-all who spends so much time on other people's problems that his or her own are left undone.

**3. When someone asks for your help or advice in a job-related problem, do you hedge on giving it willingly?**

A grudging attitude never goes unnoticed and discourages people from seeking cooperation that often is essential in an office setting.

**4. Are you gifted at making an alibi for your mistakes, passing the blame on to others?**

The old passing-the-buck game is not appreciated and is a sure way to antagonize others. Accepting responsibility, and assurances that the mistake won't be repeated, is the mature way to handle errors.

**5. Are you super sensitive to honest criticism?**

No one enjoys having mistakes pointed out, but an organization has the right to expect accuracy and high standards of performance.

**6. Do you avoid responsibility or decision making for fear of taking on too much work or for fear of making a wrong decision?**

Those most likely to succeed are those who don't count the cost of every extra amount of work or responsibility. Those who willingly accept responsibility naturally are in line to receive more opportunity.

**7. Do you take sides for or against people without knowing all the facts?**

It is best to hear both sides of a question before making a snap judgment.

**8. Are you negative in your overall attitude? Are you always looking for situations with which to find fault?**

Certainly it is necessary for people in positions of responsibility to be vigilant in upholding policies and procedures, but chronic fault-finding and "looking for trouble" makes good human relations impossible.



# Put Your Best Foot Forward!

**9. Do you constantly interrupt other people, or ask questions about business or personal conversations that should not concern you?**

Working closely together means that people often have to "overhear" other people talking. Concentrating on your own job is one helpful way of disciplining yourself and avoiding the pitfall of being dubbed "nosy."

**10. Do you complain about your present job hours, pay and surroundings?**

Chronic complainers usually are not problem solvers and only serve to make themselves and those around them miserable and non-productive.

**11. Are you a perpetual borrower?**

Some people are always "just out of" practically everything from pencils to cigarettes... and they often become the person in the office to avoid, because the "loan" is never returned or ordered from supplies.

**12. Do you store up your pet peeves during the day and dump them on the family at night, and vice versa, bringing all your family problems to work?**

Troubles increase when they are carried around with you all the time, and

it is not fair to your family or co-workers to share your daily burdens.

**13. Do you try to force your own religious or political or other personal preferences on your co-workers?**

If you express your own opinions, be careful to give the other person this same personal privilege.

**14. Are you known as a "trouble maker," always stirring people up against one another?**

Some people appear to love trouble, but it always bounces back on them. No one can get along with others if they enjoy causing unhappiness.

**15. Do you try to be a carbon copy of someone else?**

The best thing you can be is YOU. Not that we can't benefit by observing successful people, and trying to improve our own performance. But no one can effectively copy someone else and really be successful.

## SCORING

If you were able to answer "no" to every question, give yourself not only 100%, but a pat on the back as being an almost perfect person. (Are there really any of those around?)

Most people, being human, will find that there will be a few "Yeses."

Instead of worrying about the score, why don't you keep this article in your desk and check your "human relations ability" from time to time to see if you are maintaining the No answers and changing the Yeses?

## The sporting scene

It is once again time for men's softball to get cranked up. Anyone interested in joining the team should contact Mark Hicks, Systems Development, at extensions 450 or 451 as soon as possible. Try-outs are scheduled for the end of February.

A roster of twenty-five players will be carried; however, only fifteen of these will be issued uniforms.

The team will be playing many games this year, so Mark needs to know if an employee is serious about playing.

We have entered the Quality Electric Invitational Tournament which is scheduled for March 11-13 and other tournaments are currently being scheduled.

**"All of us helping each of us"**

## **National ad campaign stresses cost containment**

Last fall, the Blue Cross Association and the National Association of Blue Shield Plans launched a new national advertising campaign. What was new about it is the message and objective.

The campaign was conceived by the N. W. Ayer Agency, a Chicago-based advertising agency, after first conducting extensive research. The research revealed that over half of the people surveyed believe that the Blue Cross and Blue Shield organization are, to some degree, responsible for the rising costs of health care. Therefore, a prime objective of the advertising is to show people that we are not only concerned about rising costs and doing something about it but also want to establish ourselves as the leaders in the fight to hold down costs.

But more than that, its aim is to point out that cost containment is everyone's responsibility. It's a job that requires **all of us helping each of us**.

As already mentioned in the May-June 1976 issue of "Cross Currents," the campaign utilizes magazines and television to relay the messages. Because of their wide reach to the target audience, those magazines which carry the ads are "Time," "Newsweek," "U.S. News and World Report," "Sports Illustrated," "Reader's Digest," and "Ebony."

The print ads feature attention-getting headings, such as, "Will there come a time when it's just too costly to save a life?" (pictured on page 11); "By the time she can have a baby of her own, will she be able to afford to?"; and "What we can do to change the course of medical history." The three ads point out the problem of increasing health

care costs and then the fact that the Blue Cross and Blue Shield Plans are taking a leadership role in dealing with it.

The cornerstone of the print campaign is a booklet entitled, "How All of Us Can Help Each of Us Hold Down Health Care Costs." The booklet, which tells in detail what can be done to slow rising health care costs—what the Plans are doing and what the reader can do—is offered in each of the ads. It is a dramatic sign of the Blue Cross and Blue Shield organizations' leadership in the effort to contain health care costs.

Each print ad closes with one important phrase: "All of us helping each of us." Besides being the theme selected for the entire program, the phrase is a definition of the Blue Cross and Blue Shield idea—people sharing the cost of health care. It also summarizes the Plans' position on the cost containment issue, because "all of us helping each of us" is the only way we can effectively slow rising costs, as pointed out in the ads.

During the last few months of 1976, the print ads were supported by 30-second television commercials which also emphasized "All of us helping each of us." These commercials, which ran for thirteen weeks, appeared primarily during the ABC, CBS and NBC network evening news as well as during weekend and Monday night sports presentations.

It is important to mention the man whose voice plays such an important part in the effectiveness of the television campaign—Lou Rawls, winner of two Grammy awards as America's top rhythm and blues singer. A man known

for his soul, Rawls has carried his own social message to thousands of listeners. He said he believes the Plans' song will have "a very special meaning to everybody who hears it."



He said the song really "reaches out and grabs people" because it concerns something that everybody experiences and understands. It's about trouble and getting out of trouble.

"Things we all share and have a deep feeling about make the best songs and are the things that singers, like myself, want to sing about," Rawls said. "Songs about these things aren't easy to find and you sure don't expect to find one in a commercial."



The Blue Cross and Blue Shield song was composed by a writer at the N. W. Ayer Agency. It goes like this:

When you got trouble, I want to help  
Cause I've had trouble too.  
And when things are going bad for me  
I know I can count on you.  
Oh, you can't do it all by yourself  
And neither can I  
But with all of us helping each of us,  
We'll get by.  
We have our good times  
We have some bad  
whatever comes to you.  
You ought to know you've got a  
loving friend  
who'll be there to see you through  
cause your trouble isn't yours alone,  
it's yours and mine.  
With all of us helping each of us, we'll  
do just fine.  
We try to find the answer,  
a lifetime more or less,  
but caring for each other is a real  
happiness.  
When you got trouble,  
I want to help, cause I've had trouble  
too  
and when things are going bad for me,  
I know I can count on you.  
Oh, you can't do it all by yourself and  
neither can I  
But with all of us helping each of us,  
we'll get by.  
With all of us helping each of us, we'll  
get by.

While cost containment is the immediate goal of the campaign, the broader objective of this and other advertising campaigns is to illustrate that we have a special interest in our subscribers—what affects them affects us—and improvement, in whatever direction, can be accomplished if we work for it together.



## Will there come a time when it's just too costly to save a life?

There's no question that health care is better today than it was ten, five or even one year ago.

The problem is that while our medical capabilities—like specialized open-heart surgery—have improved, their costs have been increasing even more.

In the past ten years, for example, the cost of an appendectomy has gone from a national average of \$599 to \$1,180. Having a baby has gone from \$425 to \$1,150.

What's the answer? It's a problem we all share. That's why Blue Cross and Blue Shield Plans, working in cooperation with hospitals and doctors across the country, have introduced programs designed to help slow these rapid rises in health care costs.

**What we are doing to help stem rising health care costs.**

Here are just a few cost-cutting programs now being offered by many Blue Cross and Blue Shield Plans:

Some allow qualified patients to be discharged from the hospital sooner—so they can go home at less cost.

Under another new program, many surgical patients scheduled for a hospital stay can have lab and X-ray tests done as outpatients. Instead of spending \$180 a day in the hospital waiting for test results, the patient can return home or even go back to work until the tests are in.

A third cost-cutting program is now making it possible for many kinds of surgery to be performed on an outpatient basis, by getting it done earlier in the morning, by day. It's easier on the patients. And on the pocketbook, too.

We're also working with doctors' review committees to make sure that

the medical procedure and tests provided are really needed. It's a cooperative effort that's saving us all millions of dollars each year. And we're also working with various planning agencies to help make sure only needed services are available.

All of these are steps that can help hold down rising health care costs. Whether or not they will depends on the cooperation of each and every one of us.

**What you can do to help.**

The closer you watch every health care dollar, the less increase you may have to the rates you pay for health care coverage. Ask for—and use—the kind of cost-cutting programs we've described here.

Because only if doctors and hospitals realize that you are as vitally concerned as we are, will these programs be offered and used on a widespread basis.

Yesterday a top ten magazine told us that 80 million people who subscribe to national Blue Cross and Blue Shield Plans. We annually return one million dollars of every dollar paid in for health care services, and even cancel you because of a poor health record.

If you'd like more information about what we're doing to try to hold down costs, and what you can do to help, write for my free booklet, "How All of Us Can Help Each of Us Hold Down Health Care Costs."

Together we can prevent \$100 million every year from being used to pay for care of a Blue Cross life.

**All of us helping each of us.**





## This New Year

# I RESOLVE

- to stop trying to say something on every subject on every occasion to everyone in the room;
- to realize that my own business requires most of my attention and to let the business of other people alone;
- to spend extra effort at preserving friendships by being thoughtful and truly helpful whenever I can be;
- to strive for consideration and a willing ear when my memory clashes with the memory of others (an improved memory seems like so much to hope for);
- to search deep for patience to listen to the favorite tales and woes of others;
- to learn that to be mistaken is not listed among the seven deadly sins, and that one has to start out not knowing something before one becomes an expert on the subject;
- to put to practice the belief that everything can be presented in a positive light and to work to do so at least 50 per cent of the time;
- to open my eyes and mind to the good things in people and, most of all, to express my appreciation often;
- and to practice all of the above, not just in January, but throughout the year.



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# Beating the Blahs!

The Blahs are what we get around the first of December, when Labor Day has long retreated and Thanksgiving seems but a recent memory. The Blahs hit particularly when we are most vulnerable; they are specially reserved for those bleak, gray days when we first become aware that it's dark as we roll out of bed... and dark as we leave work for home.

The Blahs are back with us again; many of us are suffering from this annoying "disease" now. Contrary to popular wisdom, the Blahs can be battled. First, however, perhaps we had better review the symptoms of this peculiar off-season malady:

## EARLY WARNING SIGNALS

1. You start to sleep through your alarm in the morning (more frequently than usual).
2. You begin feeling tired at 2:30 p.m. instead of 3:30 p.m.
3. You fear you're losing interest in the new television season only one month after it begins.
4. You catch yourself nodding off immediately after supper.

## MORE ADVANCED SYMPTOMS

1. You bark back at the dog.
2. You feel bored with life in general.
3. You begin eating more and enjoying it less.

## DANGER LEVEL SYMPTOM

You think all your problems would be solved if only...

- ... you had a new job
- ... you got a fantastic raise

- ... you got a divorce
- ... you got married
- ... you had a child
- ... you didn't have a child (children)
- ... you moved to a new house
- ... you lost some weight
- ... you gained some weight
- ... you were ten years younger
- ... you were ten years older
- ... you were something—anything—other than what you are.

Whether you've had Early Warning Signals only, or some of the More Advanced Symptoms, you know how annoying a long bout with the Blahs can be.

We'd like to suggest some preventive measures, a sort of "special immunization plan" which can work against the Blahs.

## THE PLAN

1. Set yourself ONE challenging goal this year.

**Personal Interest:** It must be a goal you WANT to accomplish.

**Personal Reward:** It must be a goal which, once achieved, doesn't depend on someone else to provide the "prize"—an "all-by-myself" goal.

**Personal Effectiveness:** It must be a goal that would make you more personally effective, both on the job and off.

**Time Limitations:** It must be a goal that can be accomplished within a specifically limited amount of time: six weeks, eight weeks, by April 1, in one hour per day, in two hours per day, etc.

2. Follow through. Make the process of achieving the goal an important part of each day.

These suggestions don't come from any make-believe world. Respected authorities in psychology generally agree that goal-oriented people are happier, healthier, more personally effective, and less susceptible to the myriad variations of the Blahs than are people who have no goals. If tomorrow is always the day before yesterday for you, chances are you are peculiarly susceptible to the symptoms outlined above. If you're an "anticipator" or a "planner," however, your chances of beating the symptoms are much improved.

People who regularly set realistic goals for themselves stand a terrific chance for a complete "cure." This year, BEAT THOSE BLAHS!



## Get ready for safe driving and avoid the winter road blues

Dead batteries, frozen radiators and gas lines, overheated engines, spinning tires... these are just a few of the problems that hundreds of us will experience while driving this winter. They will be the cause of frustration, tardiness and stress... but all of them are preventable. All that's needed is a little awareness and forethought.

Here are some driving tips to help make your winter driving a little safer.

- Before starting your car, clean ice and frost (completely) off all windows including front and rear view mirrors. Don't try to drive looking through a "peephole."

- Start the engine a few minutes ahead of time and turn on the heater and defroster. Be sure the air inside the car is warm enough to prevent condensation from fogging up the glass.

- Get the "feel" of the road if there is ice. Accelerate carefully to see if the wheels spin... brake gently to see if they skid. Reduce speed accordingly. Be alert for slippery areas.

- Slow down well in advance of stopping point when driving on ice. It takes three to nine times as far to stop on ice as on dry pavement. "Pump" your brakes to slow or stop... don't jam

them on. An intermittent pumping action lets wheels roll between brake cycles and helps maintain steering control. Reduce power when your wheels begin to spin. Turn promptly in the direction of the skid if the vehicle begins to skid.

**Tires** You need good tread to bite and grip slippery pavement and ice, so be sure your tires are in good condition. Running at low pressures does not improve traction, it only increases wear.

**Brakes** Check the brake lining. Also check for even braking action. Uneven pull can twist your car into a skid when you brake.

**Windshield** Wiper blades should be checked. If the rubber blade has hardened, replace it. Check proper arm tension to help prevent streaking. Check washer solution for adequate windshield anti-freeze. (Half water and half anti-freeze is a good mixture.)

**Exhaust system** Inspect muffler and tailpipe for leaks which can be deadly in winter's "windows up" weather.

**Battery** Its failure is the number one cause of wintertime car trouble. Cold saps a battery's power. Stalling is

not only inconvenient but hazardous in fast traffic. Have your battery tested now. If it's old and tired or questionable, have it replaced.

**Lights** Be sure all lights are working. Have headlight aim checked. Clear lights of dirt, grime or ice.

**Emergency equipment** Make sure it's in place in the trunk. Include an emergency flare or two, a can of spray de-icer and a windshield scraper.

**Anti-freeze** This is a necessity to keep the water in the radiator from freezing and causing extensive damage to the engine. Have the coolant level and concentration checked the next time you fill up. Generally it should be replaced with a 50/50 mixture of anti-freeze and water every year or 12,000 miles. Also check the heater hose and radiator hose to prevent bursting at inopportune times resulting in lost time and lost anti-freeze.

**Frozen locks** This mostly unpreventable situation can be remedied by heating the tooth portion of the key with a match by holding the end of the key with a gloved hand. Insert key in the lock while still hot to melt the ice inside.



## **New theme in cost containment**

# **Stopping sickness before it starts**

The American lifestyle is the greatest health hazard facing us today. This is the conclusion of the Department of Health, Education and Welfare (HEW) in its first comprehensive report on the health of Americans.

"The key to better health care is better self care," says Dr. Theodore Cooper, HEW's assistant secretary for health. Medical care alone can do very little. Most Americans think they are in good health, but half the adult population 22 years and older do not engage in regular exercise; more than one-half the black population over 45 has significantly high blood pressure levels, compared with one-third of the white population; cigarette smokers die earlier than those who have never smoked; immunization levels among children under age 5 against polio, diphtheria, typhoid and whooping cough are declining; most death and disability from accidents are preventable.

Also preventable are health problems that are greatly aggravated by excessive use of alcohol and tobacco and lack of exercise and proper diet. They are preventable by changes in individual lifestyles.

### **The responsibility is yours**

The data suggests that the real health problem in our lives is the way we live and improvement in health status can only come from individual action. The person most responsible for your health is not your doctor, your spouse or the federal government, but YOU.

According to Ronald Kotulak, science editor for the "Chicago Tribune," scientists are starting a new revolution in medicine. The first revolution controlled communicable diseases. The second revolution is preventive medicine, aimed at stopping sickness before it starts. A person can add an estimated 14 years to his life by switching to a healthier lifestyle.

Scientists are now learning that stress greatly increases the natural weakness in the body by crippling the body's ability to deal with these threats. And a long list of physical disorders can occur, such as ulcers, high blood pressure and a lower resistance to germs. Unfortunately, many of the things society holds up as the so-called good life leads to stress. Success, achievement, materialism and self reliance have come to mean American values.

### **How to fight stress**

In living with stress, we must filter incoming stimuli, assign priorities and try to fit them into our lifestyles. Physical activity is important. Good exercise lowers the blood pressure and adrenalin levels and gets the digestive juices flowing so they do a better job of cleaning out the system. And we must learn to relax, as this is one of the most important safety valves in maintaining good health.

Evaluate your lifestyle, and see how you can change it for the better. It will pay dividends in your general health and attitude.



## From your Valentine

There are several versions of the derivation of Valentine's Day (and even two saints named Valentine), but here is one from the book, **A History of Valentines**, by Ruth Webb Lee which claims to be supported by a number of authenticated facts.

The priest Valentinus reportedly had gained a reputation for assisting Christian martyrs during their persecution under Emperor Claudius II in Rome. This was regarded as a crime, so he was arrested and imprisoned for it. A year later, he was taken before the Emperor, whom he tried to convert to Christianity. The Roman ruler was so impressed by Valentinus' dignity that he attempted to convert him, in turn, to the Roman gods.

For allowing valor to overcome discretion, Valentinus was immediately

beaten with clubs, then stoned, and finally beheaded outside the Flaminian Gate. According to legend, this courageous priest, while waiting for his execution, formed a friendship with the blind daughter of his jailor, after being able to restore her sight. Saddened by his fate, he wrote a farewell message to her on the eve of his death and signed it "From Your Valentine." If true, then it was the origin of an expression which has been used millions of times over the centuries.

Some skeptics have thought that there is no connection between the holy man of the third century and the custom of exchanging Valentines beyond the fact that the saint died on February 14th. Others see a definite connection which dates back to the ancient Romans celebrating a festival in honor

of their goddess, Juno Regina, on that date. At this feast, it was the practice for boys to draw by lot the names of girls, who were to be their partners in the celebration. Our reference source also mentions that early Christian pastors desired to abolish what they termed "this lewd custom of the heathen." They decided that diplomacy was needed and proceeded to give it a Christian touch by substituting the names of saints for the names of girls. Thus, it follows that the name of this particular holiday was changed from Juno Regina to St. Valentine.

Accept this version if you will, but even if you don't, we hope you remember to send your favorite girl or guy a Valentine. And just think how silly you would feel if the change had not occurred and you said to someone, "By My Juno Regina!"

# Odds and ends

## Laughable laws from the books

In Wyoming, it is illegal to take a picture of a rabbit during January, February, March or April—unless you have a license.

In Natoma, Kansas, it is illegal to practice knife throwing at someone wearing a striped suit.

It is against the law to drive camels along Nevada's main highways.

In Idaho, you cannot fish from the back of a giraffe.

In San Francisco, you are forbidden by law to spit on your laundry.

It is illegal to eat peanuts in church in Massachusetts.

In Michigan, you may not hitch a crocodile to a fire hydrant.

It is illegal for a donkey to sleep in a bathtub in Brooklyn, New York.

In Saco, Missouri, hats which may frighten timid people are outlawed.

Indiana state law forbids roller-skating instructors from leading their female students astray during lessons.

It is unlawful for goldfish to ride on a Seattle, Washington bus unless they lie down.

... From the book, **You Can't Eat Peanuts in Church and Other Little Known Laws** by Barbara Seuling.

## No match for MCL

Many of us, when in a restaurant or motel, automatically pick up a book of matches. Even those of us who don't smoke have acquired this habit. That is exactly how Mary Catherine Lantrip's matchbook collection got started. She put a handful of matchbooks in a large brandy snifter and her collection, like Topsy, "just grewed."

Soon friends began to bring her matchbooks and she found she had to buy another container. The matchbooks have been quite a conversation piece in her office and many people throughout the building have already contributed to her collection.

Now Mary Catherine has bought still another brandy snifter, a huge one, to hold all the matchbooks she now has, with room for many more. So that no one will be tempted to take any of her collection, she tries to keepsome extras in a smaller container for those folks who find themselves desperate for a match.

All these matchbooks represent trips which many people have made throughout the United States and overseas. It is quite interesting to see the variety of places represented.

When you are on the fourth floor of the 19th Street building, why not drop by and drop in a matchbook or two.





## e wakes up thinking, going to abuse my child”

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everybody's problem.

What's being done about prevention? Not enough. Preventive facilities are simply inadequate. Most social agencies deal with abusers and their victims after the damage has been done.

Child abuse doesn't have to happen. Eighty percent of all abusers could be helped, with your help. Your community needs your aid in forming crisis centers, self-help programs for abusers, and other grass roots organizations. Please. Please write for more information on child abuse and how you can help.

What will you do today that's more important?

A Public Service of This Magazine  
& The Advertising Council



## need your help. Write:

Committee for Prevention of Child Abuse, Box 2866, Chicago, Illinois 60690



## Ways to save on paper

With our continuing emphasis on cost saving efforts, there are several common sense tips which all of us can follow to reduce paper waste.

Decide if that memo is necessary; don't send a letter when a phone call will do. Use a routing slip instead of sending individual copies. Instead of using separate slips to record phone calls when a person is out, use one piece of lined paper and list each name and number one after the other.

Whenever possible, single space material. Make greater use of printing on both sides of the paper. Try to use small page sizes for all forms. Re-use file folders by labeling them with peel-off tape.

Remember, a copy machine makes copies, not originals. Many acceptable copies are thrown in the trash because they are not thought good enough. The receiver is expecting copies that cost pennies, not dollars.

